

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | | SERIAL NO. 09/980373 | FILING DATE | |
|--|----------|------|------------------------|------|------------------------|------|--------------------------------|-------------|------|
| | | | | | | | APPLICANT(S) | | |
| CLAIMS | | | | | | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | * | |
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. |
| 1 | 1 | | 1 | | | | 51 | | |
| 2 | | 1 | | 1 | | | 52 | | |
| 3 | | 2 | | 1 | | | 53 | | |
| 4 | | 2 | | 1 | | | 54 | | |
| 5 | | 1 | | 1 | | | 55 | | |
| 6 | | 1 | | 1 | | | 56 | | |
| 7 | | 1 | | 1 | | | 57 | | |
| 8 | | | | | | | 58 | | |
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| 49 | | | | | | | 99 | | |
| 50 | | | | | | | 100 | | |
| TOTAL IND. | | ↓ | 1 | ↓ | | ↓ | TOTAL IND. | ↓ | ↓ |
| TOTAL DEP. | | ↓ | 6 | ↓ | | ↓ | TOTAL DEP. | ↓ | ↓ |
| TOTAL CLAIMS | | | 7 | | | | TOTAL CLAIMS | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS